

Type of Inspection

New ☐ _____
 Annual ☒ _____
 Follow-Up ☐ _____
 (Prev. Inspection Date)
 Complaint ☐ _____
 Courtesy ☐ _____
 Random ☐ _____

NCDA&CS, VETERINARY DIVISION
 ANIMAL WELFARE SECTION
 1030 MAIL SERVICE CENTER,
 RALEIGH, NC 27699-1030
 PHONE: 919/715-7111, FAX: 919/733-6431

INDOOR ☒
 OUTDOOR ☐
 BOTH ☐

ENTERED

ANIMAL WELFARE INSPECTION

GPS Coordinates - N:

36 05520

W:

78 37621

LICENSE #: 1TYPE FACILITY: Animal Shelter (Private/Public) ☒ Boarding Kennel ☐ Pet Shop ☐ Public Auction ☐BUSINESS NAME: Franklin Co Animal ShelterOWNER: County of FranklinADDRESS: 1640 Timberlake Rd Lenoir NCTELEPHONE: (919) 496-3032VMO HunterCOUNTY FranklinNumber of Primary Enclosures 59-Dog 40-CatAnimals Present: Dogs 24Cats 25

Inspector: Mark "X" in each box, if adequate.
 Circle each item number, if inadequate.
 Use NA if not applicable

STRUCTURE**Housing Facilities**

- ☒ 1. Structure & Repair
☒ 2. Ventilation & Temp.
☒ 3. Lighting
☒ 4. Ceiling, Wall, Floors
☒ 5. Storage
☒ 6. Water Drainage

Primary Enclosures

- ☒ 7. Structure & Repair
☒ 8. Space
☒ 9. Ventilation & Temp.
☒ 10. Adequate Shelter

SANITATION

- ☒ 11. Waste Disposal
☒ 12. Odor
☒ 13. Ceiling, Wall, Floors
☒ 14. Primary Enclosures
☒ 15. Equipment & Supplies
☒ 16. Washrooms, Sinks, Basins
☒ 17. Insect/Vermin Control
☒ 18. Building & Grounds

HUSBANDRY

- ☒ 19. Adequate Feed/Water
☒ 20. Food Storage
☒ 21. Personnel
☒ 22. Ratio of 1:10 personnel to animals if >4 in primary enclosure or common area
☒ 23. Animals' Appearance

SPECIAL ITEMS**Records**

- ☒ 23. Description of Animals
☒ 24. Records/Vet Treatment
☒ 25. Origin/Disposition
☒ 26. Signature (boarding kennel)
☒ 27. Written permission from owner for commingling (doggie daycare)

Transportation

- ☒ 28. Care in Transit Discussed

Veterinary Care

- ☒ 28. Isolation Facility
☒ 29. No Signs of Illness/Treated

☒ APPROVED ☐ DISAPPROVED

Date: 7/1/10 Time: 11:40am

J. E. D.
 Inspector's Signature

Graham Elledge
 Owner/Authorized Agent's Signature